



GP 2107/18

Atty. Docket No. NAR01 P-310

CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Assistant Commissioner for Patents, Washington D.C. 20231, on the date indicated below.

8/22/97
Date

Rebecca A. Schwartz
Rebecca A. Schwartz

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

SEP 22 1997

GROUP 2100

Art Unit : 2107
Examiner : J. Kaplan
Appln. No. : 08/601,268
Filing Date : January 31, 1996
Applicant : Byron Hourmand
For : CAPACITIVE RESPONSIVE ELECTRONIC SWITCHING CIRCUIT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Enclosed is a response to the Office Action dated April 22, 1997. Also enclosed are nine sheets of corrected drawings. The items checked below are appropriate:

 x Applicants hereby petition for a one-month extension of time to respond to the above Office Action. The fee of \$55.00 for the Extension is enclosed.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*32 160.00 OP 132.00 OP 55.00 OP	Minus	**20	=12	x \$11	\$132	x \$22	\$00
Independent Claims	*08	Minus	***04	=04	x \$40	\$160	x \$80	\$00
First Presentation of Multiple Dependent Claims \$130						\$00	x \$260	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$292		\$00

09/16/1997 SEARCHED 00000062 08601268
01 FC:202
02 FC:203
03 FC:215

A

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- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

 x Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

 No additional fee is required.

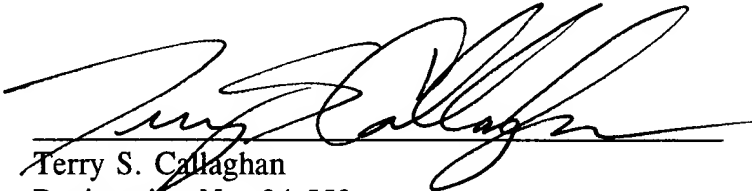
 x A fee of \$292.00 to cover the cost of the additional claims added by this response is enclosed.

 x Please charge any additional fees or credit overpayment to Deposit Account 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON

Date

8-22-97


Terry S. Callaghan
Registration No. 34 559
695 Kenmoor, S.E.
Post Office Box 2567
Grand Rapids, Michigan 49501
(616) 949-9610

TSC/ras

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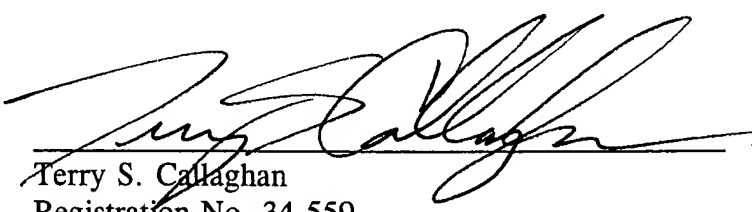
- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- x Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.
- No additional fee is required.
- x A fee of \$292.00 to cover the cost of the additional claims added by this response is enclosed.
- x Please charge any additional fees or credit overpayment to Deposit Account 16 2463. A duplicate copy of this sheet is attached.

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